



State of New Hampshire
Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services



Mobile Integrated
Healthcare
Prerequisite Protocol



**DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS AND TRAINING &
EMERGENCY MEDICAL SERVICES
NH EMS PREREQUISITE APPLICATION**
PLEASE PRINT (BLACK INK) OR TYPE



PROTOCOL NAME _____ PROTOCOL NUMBER _____

LEGAL NAME OF UNIT _____ UNIT LICENSE NUMBER _____

BUSINESS STREET ADDRESS _____
STREET CITY STATE ZIP CODE

MAILING ADDRESS _____
STREET/PO BOX CITY STATE ZIP CODE

HEAD OF UNIT _____ TITLE _____

CONTACT TELEPHONE _____ FAX (IF AVAILABLE) _____

EMAIL ADDRESS (IF AVAILABLE) _____

MEDICAL RESOURCE HOSPITAL _____

MEDICAL DIRECTOR OR DESIGNEE _____

MEDICAL DIRECTOR PHONE _____

TYPE OF APPLICATION (CIRCLE) INITIAL RENEWAL

 HEAD OF UNIT DATE MEDICAL DIRECTOR OR DESIGNEE DATE

ATTACHED IS SUPPORTING DOCUMENTATION FOR ALL ELEMENTS LISTED IN Saf-C 5922.01 (e) WITH A LIST OF LICENSING PROVIDERS TRAINED UNDER Saf-C 5922.

PART Saf-C PATIENT CARE PROTOCOLS

Saf-C 5922.01 Procedures...

(d) Prerequisites required by protocol shall be established by the EMS Medical Control Board in accordance with RSA 153:A-2 XVI (a).

(e) Protocol prerequisites, when required, shall address each of the following elements:

- (1) The protocol title and number to which the prerequisites relate;
- (2) The provider licensure level necessary to carry out the protocol;
- (3) The name of the medical director, or designee, who will oversee the training module;
- (4) The MRH and EMS head of unit recommendations to the division;
- (5) The provider experience criteria;
- (6) All quality management program elements;
- (7) Reporting requirements for monitoring and skill retention;
- (8) Equipment and staff support resources necessary;
- (9) Provider renewal criteria, and
- (10) Training requirements.

Mobile Integrated Healthcare Prerequisite Protocol

LICENSURE:

NH Licensed EMS Provider

EXPERIENCE:

None

EDUCATION:

Completion of the training plan as described in your application. (See Section 6)

MEDICAL DIRECTION

EMS Physician Medical Director or designee and a primary care provider. (See Section 7)

RECOMMENDATION

The Medical Director and the Head of EMS Agency must mutually agree to participate in the program.

QM/PI PROGRAM

Describe the data to be collected to demonstrate the impact of this project on the population served. Describe the data reporting plan and how the Bureau of EMS will be included. Include a plan to share findings with collaborating organizations directly involved in the pilot, such as the hospital and home health agency. (See Section 8)

REPORTING

Electronic patient care reports of all community healthcare patient encounters must be submitted to the requesting medical practice according to policies developed in coordination between the EMS Unit, MRH, EMS Unit and be available for review by the NH Bureau of EMS. (see MIH Protocol under Documentation)

COMPETANCE/EXPIRATION

4 years

RESOURCES

MRH agreement with participating Medical Director or designee.

Mobile Integrated Healthcare Prerequisite Protocol Checklist

- _____ 1. Prerequisite Application signed by both EMS Unit leader and Medical Director.
- _____ 2. Letter of Intent
- _____ 3. Scope of Project
- _____ 4. General Project Description and Needs Assessment
- _____ 5. Patient Interaction Plan
- _____ 6. Staffing Plan
- _____ 7. Training Plan
- _____ 8. Medical Direction/Quality Management Plan
A letter from the Medical Director attesting to the training and competency of the providers.
- _____ 9. Data Collection and Plan
Name of Medical Director or designee overseeing training.



State of New Hampshire

Department of Safety

Division of Fire Standards and Training and Emergency Medical Services
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John J. Barthelmes
Commissioner

Deborah A. Pendergast
Director



New Hampshire EMS Mobile Integrated Healthcare Prerequisite Protocol (MIHPP) Application Version 1.0

1. Authority for Mobile Integrated Healthcare Prerequisite Protocol

Protocols for Emergency Medical Service (EMS) providers are authorized by the Emergency Medical Services Medical Control Board (MCB) through authority of RSA 153-A:5 III, the duties of the emergency medical services medical control board shall include, but not be limited to, the following: (d) submitting to the commissioner standardized protocols concerning patient care to consider for adoption as rules, which shall address prerequisites within protocols governing their use by providers.

RSA 151:2 requires home health care providers, as defined in RSA 151:2-b, to be licensed by the Department of Health and Human Services. A home health care provider means “any organization, business entity, or subdivision thereof, whether public or private, whether operated for profit or not, which is engaged in arranging or providing, directly or through contract arrangement, one or more of the following: ...nursing services, ... or other therapeutic and related services.” Therefore, In collaboration with the State of New Hampshire Department of Health and Human Services EMS Units will be authorized to operate a Mobile Integrated Healthcare Program (MIHP) under a temporary exemption of homecare license requirements granted under HeP-809.10 by the Commissioner of the Department of Health and Human Services.

2. Application Procedure

An application will be considered complete when it is submitted to the New Hampshire Bureau of EMS (BEMS) and contains the following sections:

Emergency Medical Services – Fire Training and Certification – Fire Academy

Business: (603) 223-4200

Fax: (603) 271-4567

Toll Free: 1-800-371-4503

TDD Access: 1-800-735-2964

<http://www.nh.gov/safety/divisions/fstems/index.html>

- A. **Section 1: Letter of Intent**
- B. **Section 2: Scope of Project**
- C. **Section 3: General Project Description including Needs Assessment Tool**
- D. **Section 4: Patient Interaction Plan**
- E. **Section 5: Staffing Plan**
- F. **Section 6: Training Plan**
- G. **Section 7: Medical Direction/ Quality Management Plan**
- H. **Section 8: Data Collection and Plan**

An application approved by New Hampshire’s Bureau of EMS will be assigned a MIHPP approval number. Applications will be considered in the order they are received. If an application is deemed complete by the Bureau, it will reserve an approval number for that application until a decision is made to approve or disapprove the application. BEMS may request additional material in support of an application before it makes a decision to approve or disapprove. If an application is disapproved the approval number is placed back in the pool of numbers and the MIHPP sponsor must reapply.

Because this program is intended to pilot innovative systems to address unmet community health care needs and because it is expected that significant resources will be invested in the detailed planning required to initiate a project, projects may be approved with some aspects of the detail required in the above sections being subject to further planning and description. These details must be approved by the Bureau before a MIHPP start date (the date on which patient encounters may begin) is approved. The guidance below specifies which requirements of the application sections must be in place at the time of the application submission for approval, and which must be in place prior to the start date. Once a start date is approved, any further changes to the project must be approved by the Bureau, and the approval number will remain the same.

Once an application is approved and assigned a MIHPP approval number, a MIHPP start date must be approved by the Bureau and occur within 180 days of the application approval. Otherwise, the MIHPP approval number will be returned to the pool of numbers available, and the sponsor must submit a new application which will be considered with other applications in the order received.

The term of the MIHPP will be no longer than four years from the approved start date.

3. Application Requirements

Section 1: Letter of Intent (must be included in application submission)

This is a letter, on the letterhead of the New Hampshire licensed EMS service(s) applying for approval of a MIH Pilot Project, formally transmitting the application to the Bureau of EMS for consideration. It should state the service’s intent to support and staff the project for up to four years as described in the remainder of the attached application. The letter should be

signed by the Administrator or Chief of the service whose name is on file at New Hampshire EMS.

Section 2: Scope of Project (must be specified in application submission)

This is a project that addresses specific community health needs that are not being adequately met by other health provider resources. Ideally, it also will enhance EMS response resources in the community. All licensed EMS providers may participate in the project within the scope of their current New Hampshire EMS defined practice. Training, medical direction, quality management, and data collection will be specific to the community health need being addressed, as will relationships with others in the community's health team.

A project type may be changed during the period if a new application reflecting the changed nature of the project is submitted and approved by New Hampshire EMS. Failure to receive approval for a change of project type does not jeopardize the project's current approved status. The approval number for the original project will be transferred to the approved, changed project.

Section 3: General Project Description and Needs Assessment (must be included in application submission)

Describe the community/communities unmet need to be served, the service base location(s) to be employed, the community health need being addressed, a list of the hospital, homecare, and any other community partners involved in the MIH pilot, and the methodology for addressing the need (including any enhancements of the EMS response system that will result). If there is no local home health agency in the area, or if the local home health agency is unable or unwilling to collaborate with the EMS unit, the applicant shall document this in the application, including a description of the efforts undertaken to engage the local home health agency in collaboration.

It is not required that all MIH operations be started simultaneously at all locations, but a general plan for implementation should be described.

Describe data that demonstrates the need for this project. Define the population served and submit a summary of your data findings.

Section 4: Patient Interaction Plan (must be included in application submission)

Describe the nature of anticipated patient care and diagnostic interactions. Specify how the patient community will be educated to have realistic expectations of the mobile integrated healthcare practitioners and these interactions.

Section 5: Staffing Plan (must be included in the application submission)

Who will be providing the MIH services, including professional licensure and certifications, and how will these services fit within the normal EMS staffing of the service? On what type of schedule will these services be made available? How will this staffing arrangement be funded? How many qualified and licensed EMS providers will be employed?

Section 6: Training Plan (must be included in the application submission)

What training will be provided to enable the providers to deliver the services described above? Who will be responsible for training oversight and coordination and what are the qualifications of this person to do so? Describe any additional training that is planned to enable the providers to carry out their services and the person(s) and their qualifications to provide and/or oversee this training.

Section 7: Medical Direction/Quality Management Plan (must be included in the application submission)

Identify the service's EMS medical director and describe his/her involvement in the service's operation and its quality management system, including MIH and EMS. Identify the primary care physician who will provide medical direction for the MIH services to be delivered and describe the protocols developed for MIH patient interactions. Describe how the EMS and MIH medical directors will work together and how they will guide the service's MIH providers in determining whether they are acting under MIH or EMS protocols.

Section 8: Data Collection and Plan (must be included in the application submission)

Describe the data to be collected to demonstrate the impact of this project on the population served. Describe the data reporting plan and how the Bureau of EMS will be included. Include a plan to share findings with collaborating organizations directly involved in the pilot, such as the hospital and home health agency.

For this population, describe how data will be collected to measure against, at a minimum, the following performance markers:

- Number, type, and rate of MIH patient interactions (e.g. interactions per patient per year)
- Rate of hospital admissions (admissions per patient per year).
- Rate of ED admissions (admissions per patient per year).
- Rate of 9-1-1 calls for EMS (calls per patient per year).
- Rate of hospital readmissions within 30 days of discharge (readmissions per patient per year).
- Rate of ED readmissions within 30 days of discharge (readmissions per patient per year).
- Primary care practice utilization rate (visits per patient per year).

Define how the pilot will follow patients and for how long to demonstrate their outcomes.

Questions should be directed to Nick Mercuri, Chief, Bureau of EMS at 603-223-4200 or nick.mercuri@dos.nh.gov.

Once your application is complete please send it in electronic format to Nick Mercuri, Chief, Bureau of EMS at nick.mercuri@dos.nh.gov. It will then be evaluated by a multidisciplinary group for approval.

7.2 Mobile Integrated Healthcare

Introduction

This prerequisite protocol enables an EMS Unit, a hospital and/or a Medicare-certified home health agency to form a collaboration for the purpose of providing community healthcare. A community that is experiencing a gap in healthcare coverage, as evidenced by a community needs assessment, may elect to utilize the capabilities of the EMS system in cooperation with a medical resource hospital and other healthcare professionals.

EMS Providers have traditionally functioned as a mobile healthcare unit and are a logical means of providing healthcare to the community as an extension of the primary care network, provided that a formal process has been followed, as outlined in this protocol. Only those EMS Units that have applied for, and have been approved by the NH BEMS under this prerequisite protocol, and only EMS providers who have met the requirements of this protocol may practice under these guidelines.

Definition of Mobile Integrated Healthcare

Mobile Integrated Healthcare (MIH) is the provision of healthcare using patient centered, mobile resources in the out-of-hospital environment.

In NH the MIH concept is envisioned to be an organized system of services, based on local need, which are provided by EMT's, AEMT's and Paramedics integrated into the local health care system, working with and in support of physicians, mid-level practitioners, home care agencies and other community health team colleagues, and overseen by emergency and primary care physicians. The purpose of the initiative is to address the unmet needs of individuals who are experiencing intermittent healthcare issues. It is not intended to address long-term medical or nursing case management.

General Project Description

Describe the community/communities to be served, the Unit's base location(s) to be employed, the unmet community health need being addressed, the current community health team members being partnered with, and the methodology for addressing the need (including any enhancements of the EMS response system that will result).

Community Needs Analysis

The EMS Unit, hospital, and any other partners must provide a needs assessment, using the NH Needs Assessment Tool, that demonstrates the gap in healthcare coverage that the MIH program intends to fill.

Patient Interaction Plan

Describe the nature of anticipated patient care and diagnostic interactions. Specify how the patient community will be educated to have realistic expectations of the MIH provider and these interactions.

Staffing Plan

Define who will be providing the MIH services and how will these services fit within the normal EMS staffing of the Unit. Specify what type of schedule will these services be made available and how this staffing arrangement be funded.



Policy Continued

Training Plan

Describe what training will be provided to enable the providers to deliver the services described above. List the objectives and outcomes of the training plan. Document who is responsible for training oversight and coordination and their qualifications.

There must be a continuing education and credentialing process in place, with documentation of each EMS Provider's participation in it. Such a process shall be approved by the EMS Unit's Medical Director(s).

Quality Management Program and Data Collection

The EMS Unit shall conduct a quality management (QM) program specifically for the community healthcare program. The QM program will incorporate all the components of an EMS QM program as specified in Administrative Rule Saf-C 5923.

Describe what data demonstrates the need for this project, if any. Describe the data to be collected to demonstrate the impact of this project on the population served. Describe the data reporting plan and how the NH Bureau of EMS will be included in it.

Documentation

The EMS Provider may at any time, using their own discretion, decide to activate the 911 system for emergency treatment and transport to appropriate care.

Electronic patient care reports of all community healthcare patient encounters must be submitted to the requesting medical practice according to policies developed in coordination between the EMS Unit, MRH, collaborating home health agency and medical practice. Copies of these records shall be maintained by the EMS Unit, and be available for review by the NHBEMS.

The EMS Unit will participate in electronic data collection as required by the NHBEMS.

Medical Direction

Must establish a collaborative working relationship between the EMS Physician Medical Director or designee, who will be responsible for operations and continuous quality improvement, and a primary care provider providing medical direction for MIH services.

